

CENTRAL INTELLIGENCE AGENCY

INFORMATION REPORT

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COUNTRY Poland
 SUBJECT Public Health Service

REPORT NO.

25X1A

DATE DISTR.

6 May 1953

NO. OF PAGES

2

REQUIREMENT NO.

RD

REFERENCES

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 25X1X

EVALUATIONS IN THIS REPORT ARE DEFINITIVE.
 THE APPRAISAL OF CONTENT IS TENTATIVE.
 (FOR KEY SEE REVERSE)

1. The Ministry of Health is responsible for public health and medical care. Its voivodship, county, and municipal health offices are organized on the same lines as the ministry. In some large towns the municipal health office is divided into several branches.
2. The number of persons obtaining medical treatment is steadily increasing. The number of industrial workers has increased tremendously at the expense of agricultural workers. Industrial workers are more exposed to occupational diseases and accidents; a 60 to 70 percent increase has been noted in the otological, rhinological, and laryngological fields. Workers must obtain a doctor's certificate for even the shortest absence from work, otherwise they are liable to severe punishment.
3. Large state enterprises generally have their own dispensaries; the shipyards at Gdansk (Danzig), for instance, employ five doctors. Almost every school has a doctor, and one physician serves two kindergartens. Every school and every kindergarten also has a nurse. The equipment of factory dispensaries varies from excellent to poor, but the minimum is a "medical supporting point" with a nurse in charge.
4. Hygiene and safety precautions in industrial establishments are not satisfactory. Although there is a special hygiene and safety department in every large plant, there is a shortage of proper equipment, particularly working clothes. Over-fatigue and undernourishment are, according to medical opinion, the principal causes of the high accident rate.
5. Every employee must be a member of the general sick fund (Ubezpieczalnia). He and his family are eligible for free medical care and treatment.¹
6. Unemployed workers may receive medical treatment during their first two months of unemployment, but they must present a certificate from the enterprise where they last worked.

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(Note: Workstation Distribution Indicated By "X"; Field Distribution By "Z")

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7. The population is vaccinated periodically against dysentery, typhoid, and scarlet fever. This is compulsory and free. Persons who do not have vaccination certificates cannot obtain food coupons.
8. There have been no epidemics in the last few years. Tuberculosis and rheumatism are, however, frequent at Gdansk. Tuberculosis has increased since World War II. The government attempts to combat it are centered upon the establishment of preventative institutes, holiday homes, and convalescent homes. A special town for tuberculosis is planned near Otwock, and the entire healthy population of that town is to be moved.
9. Cases of poliomyelitis are reported every year, and the government has constructed special rehabilitation homes for patients. The USSR claims to have developed an effective treatment, but it has not been observed in Poland.
10. There are six to eight central state clinics in Warsaw, half of which are in the Praga district. Each central clinic has several auxiliary clinics, which have only one physician each. If a specialist is needed, the patient is transferred to a central clinic. The central clinic at Ulica Jagelonska 34 or 38 has approximately 30 doctors (including one or two specialists in each field), a laboratory, X-ray equipment, and a physical therapy department. In urgent cases physicians can be called to the patient's home.
11. There is a considerable number of hospitals in Warsaw. They are well equipped, under strict supervision, and always filled to capacity. There are four or five hospitals at Gdansk, each of which has several hundred beds. The hospital at Oliwa, near Gdansk, serves as the central military hospital for the Gdansk district.
12. There is a first aid station in every town.
13. Polish blood banks are organized by the Red Cross. There are several in each of the larger towns, and they are usually attached to a hospital. Donors receive 1 to 1.50 zloty for each cubic centimeter of blood. Issuance of supplementary food rations has resulted in an increased number of donors.
14. The Polish pharmaceutical industry produces a wide range of drugs, such as several types of sulfamides, sera, and penicillin. The latter, made in 1951 at a factory at Tarchomin, near Warsaw, is of inferior quality, yellow and amorphous instead of crystalline.² It is produced in insufficient quantity and can be bought only with a permit from the Medical Committee. High-grade penicillin is sometimes available from Western countries.
15. There is a still greater shortage of liquid penicillin and of streptomycin, neither of which is produced locally. Liquid penicillin is generally imported from Hungary. Other antibiotics are available sporadically from privately received consignments which are encouraged by the authorities.³
16. Anti-malaria drugs are not produced in Poland.⁴

25X1A [] Comments.

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25X1A 2. [] penicillin of the yellow crystallized type, which is manufactured at the Tarchomin plant, is available irregularly.

25X1A 3. [] confirms this information. It states that the only means of obtaining streptomycin is via packages received from abroad, mainly from England. 25X1C

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